



#03-059

TEXAS DEPARTMENT OF HEALTH  
AUSTIN TEXAS  
INTER-OFFICE

**TO:** WIC Regional Directors  
WIC Local Agency Directors

**FROM:** Barbara Keir, Director (Original Signed)  
Division of Public Health Nutrition and Education  
Bureau of Nutrition Services

**DATE:** June 13, 2003

**SUBJECT:** June Breast Pump Order

---

It is now time to place your **June 2003** breast pump order. It will be delivered to local agencies in **August and September 2003**. Order enough to supply your clinics through December 2003. Please complete and return the attached order form for electric and manual breast pumps and collection kits **no later than Wednesday, June 25, 2003**. Local agencies that do not complete and return the order form by June 25, 2003 will not receive pumps or kits.

As a reminder, the following chart shows the months you will be given the opportunity to place an order and the months the order will be delivered to your local agency. The next opportunity to order pumps will be September 2003, with delivery by the end of December 2003. All local agencies will be notified of each opportunity to order by memo.

Electric and Manual Breast Pump and Collection Kit Order and Delivery Schedule				
<b>Order Months</b> All local agencies will have the opportunity to order in:	September	December	March	June
<b>Delivery Months</b> Orders will be delivered to local agencies the following:	November and December	February and March	May and June	August and September

If you have question or require additional information, please contact Amanda Hovis, Nutrition Education Consultant, at (512) 458-7111, extension 3411, or [amanda.hovis@tdh.state.tx.us](mailto:amanda.hovis@tdh.state.tx.us) or Tracy Erickson, Breastfeeding Coordinator, at (512) 458-7111, extension 3409, or [tracy.erickson@tdh.state.tx.us](mailto:tracy.erickson@tdh.state.tx.us).

Attachment

## Electric and Manual Breast Pump and Collection Kit Order Form

Local Agency\_\_\_\_\_ I am requesting the following number of pumps:

### Electric Pumps and Kits

\_\_\_\_\_ Hollister *Purely Yours* (single-user)

\_\_\_\_\_ Hollister *Elite* (multi-user)

\_\_\_\_\_ Boxes of 10 each, Hollister collection kits for *Elite* pump for a total of  
\_\_\_\_\_ kits. (Number of boxes X 10)

### Manual Pumps

\_\_\_\_\_ Boxes of 20 each, Hollister *One Hand* manual for a total of  
\_\_\_\_\_ pumps. (Number of boxes X 20)

\_\_\_\_\_ Boxes of 2 each, Medela *Little Hearts* manual for a total of for a total of  
\_\_\_\_\_ pumps. (Number of boxes X 2)

\_\_\_\_\_ Boxes of 20 each Medela *Spring Express* manual for a total of  
\_\_\_\_\_ pumps.(Number of boxes X 20)

\_\_\_\_\_  
Signature WIC Breastfeeding Coordinator or WIC Director

(\_\_\_\_\_)\_\_\_\_\_  
Phone Number

**Please fax order to Amanda Hovis at (512) 458-7609  
by Wednesday, June 25, 2003.**